### STATEMENT OF CLAIMANT FORM FOR

### DOMESTIC USE

# NO. 39-

**CLAIM BEING AMENDED** 

## **AMENDMENT**

#### SUPERIOR COURT OF MARICOPA COUNTY

1.	Claimant Name:									
	Clai	mant	Address:					City		
			State:	Z	ip Code		_Telephone_			
2.	Basi	is of (	Claim:							
	Α.		Appropriation Righ			1919.	1974 Water	Rights	Registration Act	
	В.		Appropriation Right acquired after June 12, 1919. Application No,  Permit No, or Certificate of Water Right No,							
	C. Decreed water right. Principal litigants, court, date and case no.:									
	D. E.		Right to withdraw groundwater. Grandfathered Right No							
_			·					***************************************		
3.	Clan	med	Priority Date:		(montn/da	y/year;				
4.	Source of Water:									
	Α.		Stream: name							
	В.		Spring: name							
	C.		Lake or Reservoir: n	ame	, tr	ibutary	to			
	D.		Groundwater							
5.	A.	_	al description of th							
			nty	, Section	_, Township _	N/S,	Range	E/W		
		_	al Subdivision: . ¼, ¼, ¼ of	the Section						
			•		a of the follow	uin a\				
	Б.	_	al Description of Pi				Danas I	- /\ A J		
			1/4, 1/4, 1/4 of		, rownship	14/ 5,	nange t	:/ VV		
			el I.D		D					
_	ماند کا		division Name						,	
6.	II th	еге а	re Irrigation, Stockpo	nd or Other Oses	supplied from	i the poi	nt of diversio	n, aescri	pe:	
<b>7</b> .	Means of Diversion:									
7.	A.		Instream pump.							
	Д. В.		Gravity flow into dit	ch, canal or ninel	ine.					
	C.	☐ Well: Arizona Department of Water Resources Well Registration No. 55								
		D. Other, describe								
	•									

8.	Number of persons or dwellings served by this use.								
9.	Annual Volume Claimed:acre-feet								
10.	It may be necessary for a representative from the Department of Water Resources to inspect the place of use and diversion. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant								
11.	Should it be necessary for a representative of the Department to contact you as the claimant or you representative, are there any special instructions regarding time of day or address to aid in locating the specified person?								
12.	Additional comments:								
	(attach additional sheet if required)								
13.	Mail form(s) to: AZ DEPT OF WATER RESOURCES, ADJUDICATION SECTION, PO BOX 458, PHOENIX AZ 85001-0458								
14.	Notarized Statement:								
	the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my(our) knowledge and belief true, correct and complete.								
	(seal)								
	My Commission Expires: Notary Public								
	or, Authorized Personnel of the Department of Water Resources								

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